

## **Application Data Sheet**

### **Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	No
Number of CD disks::	
Number of copies of CDs::	
Sequence submission?::	
Computer Readable Form (CRF)?::	No
Title::	ANGIOPLASTY METHOD AND MEANS FOR PERFORMING ANGIOPLASTY
Attorney Docket Number::	P06547US1
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	1
Total Drawing Sheets::	5
Small Entity?::	No
Petition included?::	No
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl?::	

## **Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Brien  
Middle Name:: E.  
Family Name:: PIERPONT  
City of Residence:: St. Petersburg  
State or Province of Residence:: Florida  
Country of Residence:: US  
Street of mailing address:: 2028 Brightwaters Blvd.  
City of mailing address:: St. Petersburg  
State or Province of mailing address:: Florida  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 33704

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: IRELAND  
Status:: Full Capacity  
Given Name:: James  
Middle Name:: A.  
Family Name:: COYLE  
City of Residence:: Somerville  
State or Province of Residence:: MA  
Country of Residence:: US  
Street of mailing address:: 430 Broadway, Apt. 2  
City of mailing address:: Somerville  
State or Province of mailing address:: MA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 02145

## Correspondence Information

Correspondence Customer Number:: 34082  
Name:: Zarley Law Firm, P.L.C.  
Street of mailing address:: Capital Square, 400 Locust Street, Suite 200  
City of mailing address:: Des Moines  
State or Province of mailing  
Address:: IA  
Country of mailing address:: US  
Postal Zip Code or mailing  
Address:: 50309-2350  
Phone number:: 515-558-0200  
FAX number:: 515-558-7790  
E-Mail address:: [dzarley@zarleylaw.com](mailto:dzarley@zarleylaw.com)

## Representative Information

<b>Representative Customer Number::</b>	34082	
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<b>Representative Designation::</b>	<b>Registration Number::</b>	<b>Representative Name::</b>
Primary	18,543	Donald H. Zarley
Associate	45,253	Timothy J. Zarley
Associate	50,153	James J. Lynch
Associate	54,583	Scott R. Kaspar

### Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Non-Provisional of	60/446,001	02/07/03

### Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::

### Assignee Information

Assignee name:: Pierpont Family Limited Partnership  
Street of mailing address:: 2927 Brightwaters Boulevard  
City of mailing address:: St. Petersburg  
State or Province of mailing address:: Florida  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 33716

Assignee name:: Medtronic Vascular, Inc.  
Street of mailing address:: 3576 Unocal Place  
City of mailing address:: Santa Rosa  
State or Province of mailing address:: California  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 95403